INDIANA IMPROVEMENT PLAN

Component GS.1 – Early intervention services (EIS) and free appropriate public education (FAPE) for children with disabilities are ensured through the State's systems for monitoring, and other mechanisms for ensuring compliance, and parent and child protections, are coordinated, and decision-making is based on the collection, analysis and utilization of data from all available sources.

Steering Committee Recommendation: Meets Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks

(Conclusions from Self-Assessment Components, Indicators and other data sources)
 	
Indiana has a multi-level monitoring/quality assurance system. One facet of the system is a peer review monitoring system. Other resources to evaluate the system include: analysis of the CRO and SPOE data, county updates related to local planning and coordinating activities, local oversight of SPOE functions to include referral, intake and IFSP activities, local surveys to parents. In addition, on-site visits are conducted with each county to review the progress of the Local Planning and Coordinating Councils and System Point of Entry Offices. Core elements for the review are listed in the attached table. (see Attachment A)
 	
▪ Indiana has developed policies and documents, such as The Practice Manual, which are utilized to promote compliance with IDEA.
▪ Indiana has developed and implemented a peer review monitoring system to identify areas of strength as well as concerns in each county. The on-site review includes review of clinical documentation, the early intervention records, and interviews with parents, providers and local planners. Counties are provided with a written report that includes recommendations for strengthening the local system. Counties that have areas of concern that do not meet expectations, including state or federal compliance, are required to complete an action plan detailing
	(Strategies from Self-Assessment Components, Indicators and other Improvement sources)
	
	STATE SYSTEM AND DATA COLLECTION
	▪ The Division of Family and Children (DFC) will maintain all policies/practice documents on the web for greater accessibility. (ongoing)
	▪ By June 1, 2002, the lead agency will post an Issue Clarification about the IFSP and the importance of delivering services as written in the IFSP. This information will also be presented and discussed in mandatory provider meetings throughout the year. *Issue Clarification No. 02-0502-041 was posted on the FS web-site on June 1, 2002.*
	▪ By December 31, 2002, the peer review monitoring process will be reviewed and revised as necessary to ensure follow-up with counties when deficiencies are identified.
	  ▪ Peer review teams will develop a tool that will include an outline of key data elements along with procedures for rating each element for reporting back to counties and the lead agency.
	  ▪ Peer review teams will develop guidelines for reporting rating results and making recommendations for "low"
		(How improvement will be measured)
		
		Evidence of Change:
		Services will be provided as written within the IFSP.
		Benchmarks:
		▪ By June 30, 2003, 75% of authorized services will be delivered.
		▪ By June 30, 2003, "child" or "family" reasons are documented in 90% of cases reviewed during the peer monitoring review process that reveal patterns of service delivery outside of those written in the IFSP.
		▪ By June 30, 2003, random audits will result in 80% accuracy of billing procedures, to include appropriate documentation and parent verification of service.

strategies to meet expectations to the lead agency. Each of Indiana's 92 counties will participate in the review process during a 3-year cycle. (See Attachment A for more details.) ▪ Each county local planning council responds to an annual RFF including an action plan developed by the local stakeholders which includes activities based on state and/or federal requirements, timelines, and persons responsible ▪ Information and data is collected through the Central Reimbursement Office (CRO) and System Points of Entry (SPOE). The lead agency develops county profile reports that reflect actual data entered at the local level and post them on the web site. Counties are required to review their local reports and utilize data for guidance in local activities. ▪ First Steps has initiated the review and analysis of data reports based on billing and service authorizations. This information has resulted in generation of profile reports for individual providers as well as trend analysis. ▪ Within the lead agency a complaint coordinator has been identified to assist in the facilitation of appropriate and timely complaint resolution. ▪ The complaint log shows that 3 of 4 complaints received in 2001 were resolved within the 60-day timeline. ▪ Indiana has extended the complaint resolution process to include complaints or concerns that do not allege violation of state or federal regulation. These are divided into two categories, concerns and EOB (Explanation of Benefits) complaints. ▪ In 2001 the lead agency received 13 concerns and 13 EOB complaints. These are tracked, but findings and follow-up information were not documented on the log. ▪ First Steps has developed a procedure for policy development that includes posting on the web site for 30 days in which time public comment is taken. All	ratings. ▪ Peer review teams will develop guidelines regarding deficiencies/ratings requiring follow-up reviews by the team. ▪ By December 31, 2002, the lead agency will develop a system for tracking all findings from the peer review monitoring process. ▪ By December 31, 2003, software edits will be developed for the CRO system that will assist in the assurance of appropriate billing practices. ▪ By December 31, 2002, report protocols and criteria that indicate acceptable practices from individual provider/programs as well as statewide trends will be written. Reviews or audits based on the reports and parameters of acceptable practices will be implemented. ▪ The Division of Family and Children will continue to review all complaints on a quarterly basis to identify trends or related concerns. Corrective measures will be identified as appropriate.(ongoing) ▪ By December 31, 2002, the complaint investigation process will be reviewed and improvements made as necessary to ensure accurate tracking. **LOCAL SYSTEMS** ▪ By December 31, 2002, a standard reporting protocol for cases that exceed the 45-day timeline will be implemented. ▪ By April 1, 2003, all contracts with local planning and coordinating councils will include outcomes related to making improvements when needed to meet all state and federal requirements. Continued funding will require successful progress toward achievement of outcomes that will be reviewed quarterly.	**Evidence of Change:** The lead agency is responsive to all stakeholders, including parents and early intervention providers, who report concerns and complaints. **Benchmarks:** ▪ By December 31, 2002, 100% of all complaints to include issues of concern not rising to the level of a formal complaint, will be investigated and the findings available to all parties within 60 days. • By December 31, 2003, 100% of all complaints resulting in a finding will have a follow-up review within 120 days from the date of finding.

comments are reviewed prior to final policy development with consideration given to stakeholder information. After final development, the policy is posted on the web 60 days prior to implementation, which allows time for additional training or clarification. ▪ To assist in the assurance that families are aware of their rights within the program, the lead agency has developed written material describing these rights including a brochure and a booklet. The practice manual has a chapter devoted to the rights and safeguards of families, which provides guidance to providers in the rights of families and sample material to help explain the system to parents. ▪ Programmatic training includes orientation to First Steps which covers family rights. All providers must complete orientation to First Steps prior to enrollment in the system. Service Coordination training and modules also focus on family rights and procedural safeguards.	**TRAINING AND PERSONNEL** ▪ By December 31, 2002, SPOE staff persons working in NICUs will receive information and training regarding the referral process, resources available and writing IFSPs. ▪ By June 30, 2003, SPOE staff persons will receive information and training on data entry of EI dates, specifically relating to timelines for IFSP development. ▪ By December 31, 2002, First Steps training will be reviewed and revised as needed to emphasize key points addressing procedural safeguards and quality assurance in service delivery. ▪ By June 30, 2003, the new Service Coordinator training module on due process and procedural safeguards will be made accessible to providers from all regions in the state.	

Component GS.2 – Appropriate and timely services are ensured through interagency coordination and assignment of fiscal responsibility

Steering Committee Recommendation: Meets Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
(Conclusions from Self-Assessment Components, Indicators and other data sources) ▪ First Steps utilizes a Central Reimbursement Office (CRO) to process all claims for the provision of services. The "pay and chase" method ensures prompt reimbursement for service providers. A sample analysis of one month of claims processing data showed that 99% were processed within one week. The CRO then seeks reimbursement based on a funding heirarchy individualized to each eligible child. ▪ Collaborative CRO agreements with programs such as CSHCS and Medicaid, allow services to be provided without the need to submit additional authorization paperwork. ▪ First Steps and the Indiana Department of Health collaborate on the implementation of Universal Newborn Hearing Screening which was mandated by the Indiana General Assembly legislation passed in 1999. ▪ Part C and Part B have jointly funded a state transition team for training and technical assistance for local communities to implement systemic change with regard to local transition policies, procedures, and practices for children and families ▪ Primary funding sources utilized for the payment of First Steps services include Maternal and Child Health Services Block Grant (Title V), Title XIX, Day Services for the Disabled, Federal TANF and TANF State MOE, and State Early Intervention dollars. ▪ In 1999 Indiana implemented legislation authorizing	(Strategies from Self-Assessment Components, Indicators and other Improvement sources) **STATE SYSTEM AND DATA COLLECTION** ▪ The Division of Family Resources (DFR) will continue to work with the Central Reimbursement Office (CRO) contractor to develop and implement software enhancements that support state access to all funding streams. (ongoing) *The design process for family cost participation and private insurance billing was initiated in July, 2002.* ▪ By June 30, 2003, all interagency agreements will be reviewed and revised if appropriate to ensure that the needs of all programs are being met. ▪ The DFR will continue collaboration with Indiana Department of Health team to track and follow up infants who tested with hearing impairment or risk of hearing impairment. (ongoing) *All referrals from hospital UNHS screenings made to FS are tracked and reported to ISDH. Software modifications to capture this and ongoing service information in our intake and claims database is scheduled to be completed by June 30, 2004.* ▪ The DFR will continue to support the State Transition Coordinator's efforts to market the STEPS (Sequenced Transition to Education in Public Schools) model training to Indiana's	(How improvement will be measured) **Evidence of Change:** Funding accessed for early intervention from sources other than Federal Part C increases. **Benchmarks:** • By June 30, 2003, access to funding through cost participation and billing private insurance will be implemented. **Evidence of Change:** The number of children in First Steps who are also enrolled in Medicaid and/or Children's Special Health Care Services (CSHCS) increases. **Benchmarks:** • By June 30, 2003, the number of children served in First Steps who are also enrolled in the Medicaid (Hoosier Healthwise) program will increase by 5%. • By June 30, 2003, the number of children served in First Steps who are also enrolled in CSHCS will increase by 5%.

access to fully insured (Non-ERISA) health insurance up to $3500 annually per child for services covered under the health insurance policy. Legislation also included access to insurance for publicly funded employees covered under ERISA laws. To date, the state agency has not accessed insurance dollars, but is in process of developing strategies to overcome barriers that have been identified. ▪ Indiana First Steps' use of a combined enrollment form supports family enrollment in a variety of state and federal programs including Children's Special Health Care Services, Medicaid, and Maternal and Child Health programs. ▪ The physician "medical home" is considered a critical member of the child and family's team. A physician health summary is completed as part of intake and the physician signs the IFSP as part of quality assurance. ▪ Through a partnership with the CSHCS program in Indiana, a video series was developed for the medical community that supports improved understanding of the two systems and the role of the physician in each system.	counties who have not completed the training. (see transition cluster for more information) *Funding to support these activities were included in a contract with an October 1, 2002, start date.* ▪ The DFR will continue to seek out additional funding sources. (ongoing) *An effort to solicit voluntary co-pays from families was initiated in 2002.* ▪ By June 30, 2003, the DFC will develop and implement a plan to successfully access private insurance funds to further support the First Steps service system. ▪ The DFR will continue use of and education about the combined enrollment form, encouraging the use of this form by other agencies that make referrals to First Steps. (ongoing) ▪ Education on the importance of the physician's involvement as a member of the IFSP team will be emphasized. (ongoing) ▪ By December 31, 2002, additional strategies to involve physicians in the recommendation of services will be developed in collaboration with Children's Special Health Care Services and communicated to local planning councils.	**Evidence of Change** The number of children referred to First Steps by other programs for young children (Healthy Families, Early Head Start, Universal Newborn Hearing Screening) increases. **Benchmarks:** • The number of children referred to the First Steps system by Healthy Families increases to 350. • The number of children referred to the FS system from newborn hearing screenings increases by 20%. • The number of children referred to the FS system from all other programs for young children increases by 10%.

Component GS.5 – Appropriately trained public and private providers, administrators, teachers, paraprofessionals and related service personnel provide services to infants, toddlers, children, and youth with disabilities.

Steering Committee Recommendation: Meets Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
(Conclusions from Self-Assessment Components, Indicators and other data sources) ▪ The SPOE database shows 3,329 active enrolled providers system wide. While the total number of providers is adequate, some provider shortages exist in specific disciplines, particularly in rural areas. Local Planning and Coordinating Councils are responsible for provider recruitment to fill any gaps in the service delivery system in their counties. Anecdotal evidence suggests IFSP teams utilize other team members or service delivery options to serve families when necessary. Families who must travel out of county for services are reimbursed for transportation. ▪ Each provider is required to sign a provider agreement that outlines the obligations of the provider. In addition, an agency agreement is required. ▪ The First Steps Personnel Guide defines the requirements for personnel to enroll as a service provider in a specified discipline, including degree requirements, state licensure or certification (where appropriate), proof of liability insurance, and an updated criminal history check. All providers are expected to obtain an Early Intervention Credential within two years of enrollment. ▪ Providers can earn credentialing points through experience, in-service training, and academic coursework, as well as through other proposed tasks, such as research projects, teaching activities, and conference presentations. All specialist and associate level providers enrolled must credential in their	(Strategies from Self-Assessment Components, Indicators and other Improvement sources) **STATE SYSTEM AND DATA COLLECTION** ▪ The Division of Family Resources (DFR) will continue to analyze service delivery data and personnel needs, providing support to local communities for recruitment activities as needs arise. (ongoing) ▪ All DFR contracts with Local Planning and Coordinating Councils (LPCCs) issued in 2003 and later will include outcomes related to provider recruitment. ▪ By September 30, 2002, the implementation of the new tracking system for provider enrollment, credentialing and annual updates of criminal history and liability insurance information will be reviewed and revised as needed to ensure all provider requirements are maintained. *The Provider Credential Unit has completed a clean up process to bring all provider credential files current. The new tracking system ensures that providers keep current.* ▪ By September 30, 2002, the implementation of procedures for termination of providers who do not complete requirements for continued enrollment will be reviewed and revised as needed to ensure that all ongoing service providers in the system are qualified and maintain their credentialing through continued professional	(How improvement will be measured) **Evidence of Change:** Qualified providers for all disciplines will be available throughout the state. **Benchmarks:** ▪ By June 30, 2003, the on-line service provider matrix will include providers for all disciplines. ▪ By June 30, 2003, 90% of all counties report at least one provider in each discipline available to provide services. **Evidence of Change:** The number of providers who complete credentialing requirements within 2 years of enrollment and maintain their credential increases. **Benchmarks:** ▪ By June 30, 2003, 90% of all enrolled providers will complete credentialling requirements within 2 years of enrollment. ▪ By June 30, 2003, 100 % of all First Steps providers will attend state-sponsored meetings to address early intervention topics and First Steps practices.

discipline within two years of enrollment. Once a provider has earned a credential, it must be updated annually through continual professional development in 6 areas: 1. Foundations of Early Intervention 2. Infant and Toddler Typical and Atypical Development 3. Infant/Toddler and Family Assessments 4. Early Intervention Service Delivery Strategies 5. Family Partnership and Support Strategies 6. Team Relationship Skills ▪ During public forums, six respondents stated that credentialing is a valuable benefit when answering the question, "How is the State involved in assuring that appropriate services are provided to infants and toddlers with disabilities?" ▪ Training opportunities on early intervention topics are made available throughout the state through the Unified Training System that is funded by Part C and Part B. ▪ All UTS sponsored events are evaluated using a standardized tool. The results are analyzed and presented in the UTS semi-annual report. ▪ Core training for service providers is reviewed on an annual basis and revised as necessary. Training needs assessment occurs through training evaluation documentation, as well as through identification of issues through the peer monitoring review process and complaint investigations. A Curriculum Review Team for the service coordination training provided direction for recent changes to Service Coordination Level 1 and 2. ▪ The lead agency has implemented required meetings for service coordinators (quarterly) and all other service providers (annually). These meetings are used for communication of changes or adjustments to policy and procedures, review of best practices, issue clarifications, and provider networking.	development. *This process was revised to ensure that providers are properly notified when they are at risk of termination. Failure to respond to notices from the Provider Credential Unit results in termination.* ▪ By June 30, 2003, the DFR will develop guidelines for using a consultative model for evaluation, identification, and ongoing service delivery. ▪ By June 30, 2003, in collaboration with the Interagency Coordinating Council (ICC), the Division of Family Resources will review existing enrollment and credentialing requirements for possible changes or enhancements to ensure availability of appropriately trained early intervention providers. ▪ The DFR will continue to update and make revisions as needed to all written procedures documents and post on the First Steps web-site. (ongoing) **LOCAL SYSTEMS, INFORMATION DISSEMINATION AND CAPACITY BUILDING** ▪ As of April 1, 2003, Local Planning and Coordinating Councils will be required to do quarterly reporting on progress toward achievement of outcomes related to provider recruitment needs. Payment of claims will be contingent upon successful progress toward goals. **TRAINING AND PERSONNEL** ▪ By October 1, 2002, funding will be obligated for statewide training events on the consultative model to be held by September 30, 2003. *Funding was included in a contract with an*	

	October 1, 2002, start date. ▪ By June 30, 2003, provider agreements will be reviewed and revised as needed to emphasize provider requirements and expectations. ▪ By December 31, 2002, an on-line survey will be made available to gather input and suggestions on the strength of First Step's existing training. Information needs of providers after a period of time in active service will be identified, and training will be modified as needed. ▪ By December 31, 2003, the Division of Family Resources will revise the Orientation to First Steps with the assistance of a stakeholder group. ▪ Module training for service coordinators using peer trainers will continue to be offered across the state. Optional methods for delivery of the modules to ensure accessibility to training for all service coordinators are being developed by the Unified Training System. (ongoing)	